
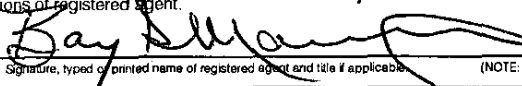
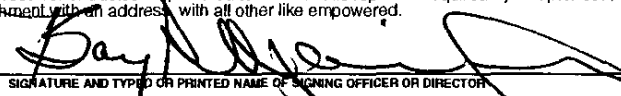


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90477 007 ***150.00

DOCUMENT # 667301			
1. Entity Name A.S.M. DIVERSIFIED ASSOCIATES, INC.		Principal Place of Business 1400 NW 65TH AVE STE G PLANTATION, FL 33313 US	
Mailing Address P.O. BOX 16928 PLANTATION, FL 33318		2. Principal Place of Business	
3. Mailing Address 1400 NW 65TH AVE		Suite, Apt. #, etc. STE G	
City & State PLANTATION FL		4. FEI Number 59-2011174	
Zip 33313		Country	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent GROSSMAN, BERNARD 7440 SW 16 STREET PLANTATION, FL 33317		7. Name and Address of New Registered Agent Name BARRY MANNING Street Address (P.O. Box Number is Not Acceptable) 1400 NW 65TH AVE STE G City PLANTATION FL Zip Code 33313	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 4/20/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GROSSMAN, BERNARD 7440 SW 16TH STREET PLANTATION, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARRY MANNING 1400 NW 65TH AVE PLANTATION, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RICE, RUTH ANN 7061 NW 11 PL PLANTATION, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSHUA MANNING 1004 ISLAND MANOR DR. W. PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JOSHUA MANNING 1004 ISLAND MANOR DR. W. PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 4/20/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BARRY MANNING - PRES.		Daytime Phone #	